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21 Number of Pages (including this page)

Date: March 11, 2009
 To: Commissioner for Patents
 Location: U.S. Patent and Trademark Office
 Fax No.: 1 (571) 273-8300 Centralized Facsimile Number
 From: Larry G. Brown REG. No. 45,834

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MESSAGE:

Enclosed herewith Applicants submit the following documents:

- Transmittal Form - 1 Page;
- Petition to Revive Patent Abandoned Unintentionally - 2 Pages;
- Fee Transmittal (in duplicate) - 2 Pages;
- RCE in response to the Notice of Allowance dated October 31, 2008 - 3 Pages;
- IDS - 4 Pages; and
- PCT International Search Report IDS reference - 8 Pages.

EXAMINER:	Verdi, Kimbleann C.
ART UNIT:	2194
APPLICATION SERIAL NO.:	10/743,663
FILE DATE:	December 22, 2003
INVENTORS:	Charbel Khawand
Confirmation No.	7605
Docket No.	CE11141JI210
Customer No.	24273

CERTIFICATE OF FACSIMILE TRANSMISSION

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Typed Name: Silvana Wiltshire

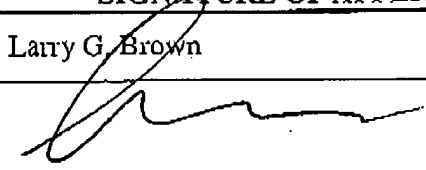
Signature

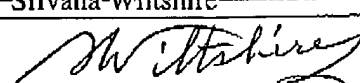
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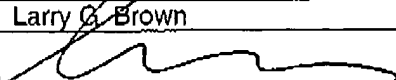
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/743,663
		Filing Date	December 22, 2003
		First Named Inventor	Charbel Khawand
		Group Art Unit	2194
		Examiner Name	Verdi, Kimbleann C.
Total Number of Pages in this Submission	20	Attorney Docket Number	CE11141JI210

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) - RCE in response to the Notice of Allowance dated October 31, 2008. - IDS - PCT International Search Report.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Larry G. Brown	Registration No.	45,834
Signature			
Date	March 11, 2009		

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Signature			Date
			March 11, 2009

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete If Known			
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TOTAL AMOUNT OF PAYMENT		(\$ 2,430.00		Attorney Docket No. CE11141JI210	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>502117</u> Deposit Account Name <u>Motorola, Inc.</u>				3. 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Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc.																																																											
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.																																																											
FEE CALCULATION 1. BASIC FILING FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) (\$ 0)</p>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1001	790	2001	395	Utility filing fee		1002	350	2002	175	Design filing fee		1003	550	2003	275	Plant filing fee		1004	790	2004	395	Reissue filing fee		1005	160	2005	80	Provisional filing fee																							
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2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>20</td> <td>X</td> <td>18</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>3</td> <td>X</td> <td>68</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>300 =</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>* Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>* Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$ 0)</p> <p><small>** or number previously paid, if greater; For Reissue, see above.</small></p>		Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	Independent Claims	20	X	18		Multiple Dependent	3	X	68						300 =	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	88	2201	44	Independent claims in excess of 3		1203	300	2203	150	Multiple dependent claim, if not paid		1204	88	2204	44	* Reissue independent claims over original patent		1205	18	2205	9	* Reissue claims in excess of 20 and over original patent			
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SUBMITTED BY Name (Print/Type): Larry G. Brown Signature:		Complete (if applicable) Registration No. 45,834 Telephone (954) 723-6449 Date March 11, 2009																																																									